Effect of Social Capital and Psychological Capital on Mental Health of Students

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Introduction

Surge in the mental health issues indicative of the fact that mental health is equally important as physical health and this aspect cannot be neglected and marks attention of the professionals. It is understood as "a state of overall well-being that enables individuals to work well, cope with stress, recognize their potential, and contribute to society" (WHO, 2022). Approximately one in eight individuals worldwide suffer from a mental illness (WHO, 2022). IPSOS Health Service Report 2024 stated that still mental health is a top concern for health. The report depicts that from 31 countries on average 45 percent report mental health concerns biggest health challenge.

According to UNICEF's (2021) report on changing childhood conducted by Gallup, a median of 19% of 15-24 years old reported the feeling of depression and lack of interest in doing things. Furthermore, the report also reported that 14% of 15-24 years old reported the same. Moreover, according to Sagar et al. (2020), a survey conducted with various states of India reported that mental disorders affected 197.3 million people in the year 2017 out of which 45.7 million reported to have depression and 44.9 million reported to have anxiety respectively. WHO (2023) found that an estimated 5% of adults suffer from depression worldwide, with women being more affected than their men counterparts.

A National Medical Commission report (2024) depicts that 27.8% of UG and 31.23% of PG medical students experienced mental health issues including suicidal thoughts. Suicide is one of the outcomes of mental health issues. The problem of suicide is prevalent in people of all ages. According to WHO (2024), suicide is the third leading cause of death in age groups 15-29 years worldwide in 2021. In India, a report by the IC3 Institute (2024) highlighted an overall annual increase of 2% in suicide numbers while student suicide cases increased by 4%, whereas, the student suicide rate in 2022 was 7.6% of total suicides.

Mental health

Mental health is "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022). Mental health is an important part of health, without mental health there can be no true physical health. WHO defines mental health as a fundamental right of humans despite race. It includes overall well-being i.e., physical, emotional, psychological, and social.

Social capital and psychological capital have positive effects on mental health. A systematic review suggests that PsyCap. and its components including hope, resilience, self-efficacy, and optimism positively related to the mental health of young adults (Preston et al., 2023). Another study on nursing students found that PsyCap. mediate the relationship between spiritual well-being and mental health (Parviniannasab et al., 2022). Like PsyCap., social capital is also associated with mental health. For example, Adelinejad et al. (2022) found a direct impact of social capital on the mental health of university students and it also emerged as a mediator of resilience and mental health. Another study on adolescents reveals a negative association between social capital and decreased levels of mental health disorders (Hunduma et al., 2022).

Negative emotional states

As some of the most prevalent markers of mental health issues, depression, anxiety, and stress are intimately related to mental health. Depression is a type of mood disease marked by poor self-esteem, hopelessness, loss of interest in activities, and ongoing melancholy. It can have a substantial effect on a person's emotional and psychological health, frequently affecting motivation, social interactions, and day-to-day functioning. Untreated depression can have serious repercussions, including social exclusion, difficulties in school or at work, and even suicidal thoughts or actions.

On the other side, anxiety is characterized by excessive worries, fear, or uneasiness. When anxiety becomes excessive and persistent, it may be a sign of an anxiety disorder or it may be a natural reaction to stress. Chronic anxiety impairs mental health by impairing decision-making, lowering emotional stability, and disturbing focus. In a physiological sense, it may result in elevated stress hormone levels, which strain the body and mind and intensify emotions of anxiety and discomfort.

Another important factor that affects mental health is stress, which is defined as a response (physical and emotional) to outside pressure. While stress for a short time is inspiring, chronic stress can have negative consequences such as burnout, and diminished capacity to handle life challenges. Long-term stress is frequently a prelude to both anxiety and depression, resulting in a chain reaction that further weakens mental health.

Another variable related to negative emotional states is loneliness. A person experiences loneliness, an uncomfortable feeling that arises when they believe that their social contacts are

not as numerous or as high-quality as they would expect. Loneliness is a very personal experience; one might feel lonely even when surrounded by other people, and one can be alone without feeling lonely. Long-term loneliness is linked to introversion, neuroticism, depression, and a lack of social support. According to literature, loneliness may shorten a person's life expectancy and increase their risk of physical illness. U.S. Surgeon General Vivek Murthy issued a warning about loneliness in 2023, calling it an "epidemic" (Britannica, 2025).

Social capital

In general, its definition is complex because it has many dimensions, types, and measurements. Common elements of social capital are generalized trust, civic engagement, social networks, and norms of reciprocity (Bhandari & Yasunobu, 2009). Social capital can be simply defined as the beneficial effects of social interaction. Social networks are an important resource, and "relationships matter," according to the fundamental principle of social capital. that social interaction and teamwork are worthwhile and significant (Institute for social capital). Common types of social capital are bonding, bridging, and linking (Bhandari & Yasunobu, 2009). A different kind of social capital is structural, cognitive, and relational.

Literature has revealed a significant association of social capital with mental health. For example, Zhao et al. (2022) found social capital and psychological capital positively correlated with happiness. A systematic review suggests family and community social capital have correlated with the mental health of teenagers (McPherson et al., 2014). A study conducted on Myanmar migrant workers found that promoting social capital also enhances the quality of life and mental health, it can also reduce symptoms of depression and stress (Swe et al., 2019). Another study found personal social capital as a moderator of drought impact and mental health outcomes (depression, anxiety, and stress) (Abunyewah et al., 2024). A study in the US revealed that cognitive social capital is associated with major depression. A person who scored more on social capital developed less risk of major depression during follow-up (Fujiwara & Kawachi, 2008).

Psychological capital

Psychological capital is defined as “a positive situation for personal development with the features of self-reliance while dealing with the challenges (self-efficacy), positive expectations for the future success (optimism), being full of determination (hope), and accomplishment in spite of obstacles (resilience)” (Çavuş & Gökçen, 2015). The literature suggested a positive

association between the components of psychological capital and mental health. Nafees and Jahan (2017) found a positive correlation between PsyCap and mental well-being among medical students. Further, Munawer et al. (2021) in a study on graduate students found dimensions of PsyCap as predictors of mental health. Another study found a negative correlation of PsyCap with symptoms of anxiety and depression (Wang et al., 2023).

An integrative review on the effect of hope on the mental health of young adults suggested that hope is associated with mental health, it is a protective factor of suicide and improves healthy behavior also the moderator of depression and negative life events (Griggs, 2017). Further, a study on students suggested that dimensions of self-efficacy including physical, emotional, and academic self-efficacy have a negative association with depression anxiety, and worry feelings (Tahmassian, & Moghadam, 2011). Also, another study found perceived self-efficacy as a predictor of mental health and a mediator between daily stressors and psychopathological outcomes (Schönfeld et al., 2019). Further optimism is also found to be negatively associated with depression anxiety and stress in college students (Lai et al., 2024). Another study also revealed the same results, optimism found a protective factor in depression among young adults. Optimism is a mediator between coping and depression (Palacios-Delgado et al., 2024).

Rationale

Mental health is a fundamental right of human beings. It is related to our thinking and behavior. It is important to function in day-to-day life as it helps us deal with stressors of life, adjust to adverse situations, and for productive contributions to society. The prevalence of mental health issues is increasing in all ages specifically in young adults who face different types of personal, social, and environmental challenges. It is a problem related to all countries. WHO (2023) found that an estimated 5% of adults suffer from depression worldwide and compared to men, women are more affected by depression. UNICEF (2021) report for 21 countris' on mental health revealed that a median of 19% age group 15-24 feels depressed and has little interest in doing things in 2021. This shows people at this age lack interest in work and life, also mental health problems like depression and anxiety are increased. This report further depicts the same results in India, 14% of people aged between 15-24 years feel depressed and have low interest in doing work. People of age group 18-24 years is a crucial period in life, they strive to become more independent, go through a lot of psychological and emotional development, and frequently deal with particular difficulties associated with higher education. To develop successful interventions, it is essential to comprehend the elements that either enhance or lessen mental health issues in this demographic.

Social capital plays a significant relation with mental health outcomes. It refers quantity and quality of relationships between individuals and individuals and groups, between social groups. The networks of connections, support systems, and trust between people make up social capital, which is a key factor in determining mental health outcomes. Relationships with classmates, teachers, and the larger community can help children feel less stressed, more included, and more emotionally supported. In a similar vein, psychological capital—which includes resilience, optimism, hope, and self-efficacy—has been demonstrated to manage the negative impacts of stress and improve general well-being.

The present research study aims to explore the effect of social and psychological capital on the mental health of students of undergraduate (UG) coming from different academic streams. although there are a lot of studies on the association between psychological capital and mental health, there is scarcity of on social capital in India and especially this particular age group. Reviews suggest that there are studies on social capital and mental health of various types of participants with different age groups and occupations and psychological issues. In order to fill the gap in the literature, this study examines how social and psychological capital work together to affect the mental health of undergraduate and graduate students from a variety of academic fields. In order to develop customized interventions and policies that improve mental health assistance for students in higher education, this research attempts to uncover trends and differences between streams. The findings will help educators, mental health specialists, and governments gain a more comprehensive grasp of students' well-being.

Objectives

1. To study the relationship between social capital and the mental health of students.
2. To study the relationship between psychological capital and the mental health of students.
3. To study the relationship among social capital, psychological capital, and mental health of students.
4. To study the relationship between social capital and negative emotional states (depression, anxiety, stress, and loneliness) among students.
5. To study the relationship between psychological capital and negative emotional states (depression, anxiety, stress, and loneliness) among students.

Hypotheses

1. There will be a significant relationship between social capital and the mental health of students.
2. There will be a significant relationship between psychological capital and the mental health of students.
3. There will be a significant relationship among social capital, psychological capital, and mental health of students.
4. There will be a significant relationship between social capital and negative emotional states (depression, anxiety, stress and loneliness) among students.
5. There will be a significant relationship between psychological capital and negative emotional states (depression, anxiety, stress and loneliness) among students.

Sample

The target population of the study is students of undergraduate (UG) program from different streams with age range of 18-25 years. The total sample size is 500, N=500. The sample will further be divided as provided in the table:

Table 1: Sample

UG	Humanities and Social Sciences	Commerce	Medical	Engineering	Law
Sample size	100	100	100	100	100

Inclusion criteria

- Age group 18-25 years
- Students of UG program
- Students from both rural and urban areas

Exclusion criteria

- Young adults age below 18 and above 25
- Young adults suffering from any terminal and psychiatric illness.

Tools to be used in the study

Mental health continuum short form (MHC-SF) (Keyes, 2009): This scale consists of 14 items with six alternative responses from "never to every day". This scale assesses psychological, emotional, and social well-being of the individuals. Out of fourteen items three items assess emotional well-being, six items assess psychological well-being, and five items are dedicated to the assessment of social well-being. The internal consistency of the scale is more than .80.

Personal social capital scale (Chen et al., 2008): This scale is comprised of 10 items with five responses ranging from "A lot" to A few". This scale further has two subscales namely Bonding and Bridging. The scale has good psychometric properties with reliability reported from 0.77 to 0.87 at Coronach's alpha.

Depression Anxiety Stress Scale (DASS21) (Lovibond & Lovibond, 1995): 21 items scale, popularly used for the assessment of depression, anxiety, and stress. Out of 21 items, 7 items are meant for the assessment of depression, 7 for anxiety, and 7 for stress. The scores for depression, anxiety, and stress are computed by summing the scores for relevant items.

Psychological Capital Assessment Scale (PCAS) (Rani and Chaudhary, 2018): This scale has 34 items with four subscales namely hope, efficacy, resiliency, and optimism. It is applicable to secondary, senior secondary, and college-level students. Test-retest reliability of the scale is 0.342 and the split-half reliability is 0.643. The intercorrelation dimensions of PCAS ranged from 0.287 to 0.411.

Scale of Loneliness (SoLo) (Williams et al., 2023): The scale consists of 10 items with six alternative responses from "very untrue of me" to "very true of me". The total score ranges from 0 to 50. We get the total score by calculating a sum of all items. The reliability coefficient is 0.950 & test-retest reliability of scale is 0.847.

Procedure

After finalizing the sample, the data will be collected from the participants by administering the assessment tools. The test may be administered individually or in group settings. The data will be analyzed with the help of appropriate statistical tools.

Statistical Analysis

The proper statistical method will be applied to conduct the statistical analysis as per the nature of the data.

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